

Application for Business Tax Registration

Allow 15 business days for processing and mailing of your registration certificate.

Complete form using **BLACK INK**.

Wisconsin Department of Revenue
PO Box 8902, Madison WI 53708-8902
(608) 266-2776, TDD (608) 267-1049
FAX (608) 267-1030

► Part A Reason for Registration (check the box that applies)

- ☐ New Business
- ☐ Registering Additional Tax Types BTR Tax Account # _____
- ☐ Additional Business Locations → NOTE: If you are currently registered and have no changes to Part C, please complete Schedule 1 only.

► Part B Type of Registration (check the box for each tax type you are applying for)

Regardless of the number of tax types you are requesting, there is only one \$20 BTR fee due .	Is this tax type subject to the BTR Fee? (See "Exceptions to the BTR fee" on page 1 of the general instructions.)	Parts of this application that must be completed.
<input type="checkbox"/> Wisconsin employer identification number	Yes	Part C, D, F, G, & H
<input type="checkbox"/> Seller's permit <input type="checkbox"/> Local exposition tax	Yes	Part C, D, E, G, & H
<input type="checkbox"/> Consumer's use tax certificate	No	Part C, D, E, G, & H
<input type="checkbox"/> Use tax certificate	Yes	Part C, D, E, G, & H
<input type="checkbox"/> Alcohol Beverage	Yes* *Except for medicinal alcohol and sacramental wine permits	Part C
<input type="checkbox"/> Retail Alcohol Beverage	Yes	Part C
<input type="checkbox"/> Cigarette and Tobacco Products	Yes	Part C
<input type="checkbox"/> Dry Cleaning Facility	No	Part C, D, G, & H

► Part C Business Information

1 Type of Ownership (check one)

- ☐ Sole Proprietorship
- ☐ Partnership. Indicate type → ☐ General ☐ Limited ☐ Limited liability partnership (LLP)
- ☐ S Corporation ☐ C Corporation → Date of Incorporation ____/____/____ (mo/day/yr) → State of Incorporation _____
- ☐ Limited liability company (LLC). Date registered ____/____/____ → State of Registration _____
- ☐ Taxed as a corporation ☐ Taxed as a partnership
- ☐ Disregarded as an entity separate from its owner (single member LLC only)
- ☐ Nonprofit organization
- ☐ Governmental unit (check appropriate box)
- ☐ Federal ☐ WI state agency ☐ Local ☐ County
- ☐ Other state agency _____ (list) ☐ Tribal ☐ Other (describe) _____
- ☐ Other (describe) _____

2 Enter 6-digit Business Code (NAICS) _____ (see instructions)

3 Legal name (sole proprietors / salespersons enter your last name, first, MI) _____ 4 Federal employer identification # (FEIN) _____ 5 Social security number (required for sole proprietorship or salespersons) _____

6 Business location (street address – cannot be a PO Box)

City _____ State _____ Zip code _____ County _____

7 Contact person _____ Telephone number _____ FAX number _____
() ()

Legal name (sole proprietors / salespersons enter your last name, first, MI)

► **Part D Business Location Information** – Complete a Schedule 1 for each additional business location.

1 Trade name of business

Mailing address (street or PO Box – include apartment, suite, or lot number)

City

State

Zip code

County

2 Enter 6-digit Business Code (NAICS) _____ (see instructions)

Specialty Taxes and Fees (refer to pages 4 and 5 of the instructions)

3 **Local Exposition Tax** If you will be making sales in municipalities located wholly or partially in Milwaukee County, including any part of the Village of Bayside or the City of Milwaukee, indicate if you will be making taxable sales of any of the following:

☐ Food and beverages ☐ Automobile rentals ☐ Lodging ☐ Lodging within the City of Milwaukee

Date first taxable sales will be made ____/____/____
(mo/day/yr)

4 ☐ Yes ☐ No Is this location primarily engaged in the short term rental of vehicles without drivers? If Yes, Beginning Date

5 ☐ Yes ☐ No Do you provide limousine service? If Yes, Beginning Date → ____/____/____
(mo/day/yr)

6 ☐ Yes ☐ No Do you sell tangible personal property or provide taxable services subject to the premier resort area tax?
If Yes, indicate where: ☐ Village of Lake Delton ☐ City of Wisconsin Dells ☐ City of Bayfield

7 ☐ Yes ☐ No Is this location a dry cleaning facility? If Yes, Beginning Date → ____/____/____
(mo/day/yr)

8 ☐ Yes ☐ No Do you sell dry cleaning solvents? If Yes, Beginning Date → ____/____/____
(mo/day/yr)

Note: If you have answered yes to any of the above, you will receive additional information regarding those registrations.

► **Part E Sales/Use Tax (Date Required ____/____/____)**
(mo/day/yr)

1 Estimated monthly sales, leases, or rentals subject to Wisconsin sales or use tax (total for all business locations)

☐ \$1 - \$450/month ☐ \$451 - \$3,600/month ☐ \$3,601 - \$21,500/month ☐ over \$21,500/month

Estimated monthly purchases subject to Wisconsin use tax

☐ \$1 - \$450/month ☐ \$451 - \$3,600/month ☐ \$3,601 - \$21,500/month ☐ over \$21,500/month

2 ☐ Yes ☐ No Will business be operated all 12 months?

If **No**, check boxes for months of operation: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun
☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

3 ☐ Non-profit organization Indicate the date(s) of your taxable event. From: _____ To: _____

► **Part F Withholding Tax (Date Required ____/____/____)**
(mo/day/yr)

1 Check box if you are (see instructions):

☐ An out-of-state employer with no other tax connection to Wisconsin,
☐ An agricultural employer with farm labor only, or
☐ A household employer with domestic employees only.

If you have checked one of the above boxes and you are only applying for a Wisconsin employer identification number, the BTR fee is not due with this application. However, if you are also applying for another tax type covered by the BTR provisions, the fee is still due.

2 Estimated amount of Wisconsin income tax to be withheld each month from employees.

☐ \$1 - \$25/month ☐ \$26 - \$199/month ☐ \$200 - \$1,666/month ☐ over \$1,666/month

3 If your withholding tax reports are prepared by a payroll service, complete the following:

Name	EIN —	Phone number ()	
Address	City	State	Zip code

Legal name (sole proprietors / salespersons enter your last name, first, MI)

► **Part G Ownership Disclosure** List all owners, partners, corporate officers or members
(If more space is needed, please attach additional pages.)

► Name	Title	Social security number / FEIN		
Home address	City	State	Zip code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner			

► Name	Title	Social security number / FEIN		
Home address	City	State	Zip code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner			

► Name	Title	Social security number / FEIN		
Home address	City	State	Zip code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner			

► Name	Title	Social security number / FEIN		
Home address	City	State	Zip code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner			

► Name	Title	Social security number / FEIN		
Home address	City	State	Zip code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner			

► **Part H Financial Information**

Name and address of financial institution through which you will maintain your business checking account.

Name	Account #		
Street Address	City	State	Zip code

I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct, and complete.

Name of person who prepared this application (please print)	Title	Date
Signature	Business telephone number ()	Business FAX number ()

Schedule 1 – Additional Business Locations for Sales or Excise Tax Permits

Legal name (sole proprietors enter your last name, first, MI)	Federal employer identification # (FEIN)	Social security number (required for sole proprietorship)
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1 Trade name of business	Acct. #
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Business location (street address – cannot be a PO Box)

City	State	Zip code	County
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Check the box for each tax type you are applying for at this location.

- | | | |
|---|--|---|
| <input type="checkbox"/> Seller's permit | <input type="checkbox"/> Alcohol Beverage | <input type="checkbox"/> Cigarette and Tobacco Products |
| <input type="checkbox"/> Local exposition tax | <input type="checkbox"/> Retail Alcohol Beverage | |

2 Enter 6-digit Business Code (NAICS) _____ (see instructions)

Specialty Taxes and Fees (refer to pages 4 and 5 of the instructions):

3 **Local Exposition Tax** If you will be making sales in municipalities located wholly or partially in Milwaukee County, including any part of the Village of Bayside or the City of Milwaukee, indicate if you will be making taxable sales of any of the following:

- | | | | |
|---|---|----------------------------------|---|
| <input type="checkbox"/> Food and beverages | <input type="checkbox"/> Automobile rentals | <input type="checkbox"/> Lodging | <input type="checkbox"/> Lodging within the City of Milwaukee |
|---|---|----------------------------------|---|

Date first taxable sales will be made _____
(mo/day/yr)

4 ☐ Yes ☐ No Is this location primarily engaged in the short term rental of vehicles without drivers? If Yes, Beginning Date

5 ☐ Yes ☐ No Do you provide limousine service? If Yes, Beginning Date → _____
(mo/day/yr)

6 ☐ Yes ☐ No Do you sell tangible personal property or provide taxable services subject to the premier resort area tax?
If Yes, indicate where: ☐ Village of Lake Delton ☐ City of Wisconsin Dells ☐ City of Bayfield

7 ☐ Yes ☐ No Is this location a dry cleaning facility? If Yes, Beginning Date → _____
(mo/day/yr)

8 ☐ Yes ☐ No Do you sell dry cleaning solvents? If Yes, Beginning Date → _____
(mo/day/yr)

Note: If you have answered yes to any of the above, you will receive additional information regarding those registrations.

Sales and Use Tax: (Date Required _____)
(mo/day/yr)

9 Estimated monthly sales, leases, or rentals subject to Wisconsin sales or use tax (total for all business locations)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$1 - \$450/month | <input type="checkbox"/> \$451 - \$3,600/month | <input type="checkbox"/> \$3,601 - \$21,500/month | <input type="checkbox"/> over \$21,500/month |
|--|--|---|--|

Estimated monthly purchases subject to Wisconsin use tax

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$1 - \$450/month | <input type="checkbox"/> \$451 - \$3,600/month | <input type="checkbox"/> \$3,601 - \$21,500/month | <input type="checkbox"/> over \$21,500/month |
|--|--|---|--|

10 ☐ Yes ☐ No Will business be operated all 12 months?

If **No**, check boxes for months of operation: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun
☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

11 ☐ Non-profit organization Indicate the date(s) of your taxable event. From: _____ To: _____

I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct, and complete.

Name of person who prepared this application (please print)	Title	Date
Signature	Business telephone number ()	Business FAX number ()